



**Adult Social Care Nursing Advisory Council (SCNAC)**  
**LONDON Region Quarterly Meeting 04 – Friday 4th April 2025**

<b><u>Attending:</u></b>		
Nuno Santos Lopes	-	Regional Chair for London and Director of Research & Innovation for Nightingale Hammerson
Louise Keane	-	Regional Co-Chair for London and Nurse Educator Lead, Adult Social Care North Central London Training Hub
Deborah Sturdy	-	Chief Nurse for Social Care - DHSC
Alison Porteous	-	Locality Manager for the South West area, Skills for Care, attending on behalf of Laura Anthony
Alyce Sheedy	-	Wellbeing Nurse Ambassador, Riverstone Living
Anna Lynch	-	Continuing Health Care Advisor, London Borough of Newham
Holly Ashforth	-	Deputy Chief Nurse and Director of Patient Experience and Education, Northwest London ICB
Leslie Brigid-Ann	-	attending on behalf of Millie Simms, Independent Lead for Health & Social Care, RCN
Pauline Fahy	-	Senior Programme Manager, Health & Care in the Community, NHS England, London Region
Lauren Hague	-	Care England, Tom Pisani attending on her behalf
Anne Middleton	-	Director of Nursing for All-Age Complex Care, North West London ICB
Benedicta Okpor (Benni)	-	Social Care Nursing Clinical Practice Development Lead for Southeast London
Pam Hodge	-	Senior Lecturer in Practice Learning, Middlesex University, London
Peter Webb	-	LCAS (London Caring and Support) Forum
Vinice (Vi) Thomas	-	Deputy Chief Nursing Officer, Southeast London ICB
Ziyanai Shiripinda	-	Ops Manager, Care Quality Commission (CQC)
Briony Sloper	-	NHS England, London Region
Dudley Sawyerr	-	London Care & Support Forum
Jaqueline Robinson-Rouse	-	Clinical Workforce Improvement, WETE Team, NHS England
Sara Lewis	-	Project Communications Officer, Universal Care Plan (UCP)
Sarah Fischer	-	Transformation Manager, UCP
Isabel Rodrigues Deabrue	-	Senior Project Manager, Community and Care Home Programme's Team, Health Innovation Network for South London
Zoe Taylor	-	Community and Care Home Programme's Team, Health Innovation Network for South London



Amy Jackson	-	Community and Care Home Programme's Team, Health Innovation Network for South London
Sonia Pritchard	-	EA for the Outstanding Society and SCNACS Administrator

<b><u>Apologies:</u></b>		
Laura Anthony	-	Senior Locality Manager for the London and Southeast team, Skills for Care
Celia Jeffreys	-	Deputy Director for Safeguarding Adults, NHS Northeast London
Karen Bonner	-	Regional Chief Nurse London (Vince Thomas attending on Karen's behalf)
Dawn Beaumont-Jewell	-	Acting Chief Operating Officer, NIHR South London
Pauline Shaw	-	Nursing Advisor for Social Care, NMC
Diane Jones	-	Chief Nursing Officer, Northeast London
Kate Meacock	-	Rights for Residents
Jenny Goodridge	-	Director of Quality and Interim Chief Nursing Officer, North Central London ICB
Maggie Candy	-	Nurse Consultant, Cavendish Professionals Homecare
Mirko Ridolfo	-	Operations Manager, Majesticare
Mike Armstrong	-	Havering Care Homes
Jenny Goodridge	-	Director of Quality and Interim CNO for North Central London

Please see the attached spreadsheet for the action points of this meeting.

### **Date of Future Meetings:**

TBC July/August 2025

### **Meeting Summary:**

**Meeting Introduction:** Nuno and Louise welcomed participants to the 4th London Social Care Nursing Advisory Council meeting, introduced new members, and outlined the agenda.

**Universal Care Plan (UCP) Presentation:** Sarah Fisher, Isabel Rodrigues Deabrue, and Sara presented around the UCP:

**Purpose and Benefits:** UCP is a digital care planning platform that shares information about a person's care and support preferences. The UCP aims to save time for health and social care professionals and the person themselves by creating a central point of information, reducing the need for repeated information gathering.

**Recent Expansions:** The UCP has undergone expansions to support a broader range of care needs. Initially focused on urgent care plans for end-of-life care patients, it now includes fields for sickle cell patients, frailty, dementia, learning disabilities, autism, and carer contingency plans. The UCP also supports paediatric populations with adapted urgent and end-of-life care data fields.

**Forms and Data Fields:** The UCP includes various forms and data fields to capture comprehensive care information. There are role-based access controls, with some forms accessible to both clinicians and non-



clinicians, while others are restricted to clinicians. The UCP is designed to be a living document, updated as the person's needs and preferences change over time.

**Access Methods:** Sarah and Sara explained that the UCP can be accessed through various clinical systems and a standalone web portal. Health and social care professionals can log in with credentials to create, edit, and view care plans. Urgent care services like 111 and 999 have view-only access to the UCP.

**Adoption and Usage:** The importance of increasing UCP adoption and usage across London was emphasised to ensure that personalised care information is available at every point of care. In March, there were over 36,000 views of UCPs by health and care professionals, highlighting the growing utilisation of the platform.

**Future Developments:** Future developments for the UCP include integrating with GP Connect to display real-time information about medications and allergies from GP records. Additionally, they are working on enabling editable access from the NHS app, allowing patients to start and update their own care plans, giving them more ownership and empowerment in planning their care.

**Resources Developed:** Isabel described the resources developed to increase UCP adoption in care homes. These include a how-to guide explaining what the UCP is, how to access it, and how to integrate it into care home operations. A poster was created to inform visitors that the care home uses the UCP, and testimonials from care home managers were developed to highlight the benefits of the UCP.

**Video and Training:** A video featuring care home managers, London Ambulance Service representatives, a GP, and a community matron was produced to promote understanding of the UCP's benefits. These resources can be used for training and in meetings to encourage UCP adoption and usage.

**Engagement and Promotion:** Isabel emphasised the importance of promoting UCP usage for the benefit of residents and the wider system. She mentioned that there are currently about 400 care homes using the UCP across London, with a goal to increase this number significantly. The resources aim to address common challenges and support care homes in adopting the UCP.

**UCP Utilisation Data Across London and in Care Homes:** You can get access to the BI dashboard here - <https://ucp.onelondon.online/resources/> and testimonials can be found here - <https://ucp.onelondon.online/ucp-resources-for-care-home-staff/>. All resources can be found here - All the resources aimed at care homes for the Universal Care Plan can be found here: [UCP Resources for Care Home Staff – Universal Care Plan](#)

**IV Administration in Social Care:** Jacqueline Robinson from Capital Nurse presented the IV therapy passport:

**Purpose and Benefits:** The IV therapy passport is designed to standardise IV administration training across London. The passport ensures that all healthcare professionals, including those in social care, receive consistent and high-quality training, reducing the need for repeated training and improving patient care.

**Implementation Process:** The IV therapy passport involves a three-step process: completing theory training through e-learning, passing an associated e-assessment, and demonstrating practical competence through a digital or paper competency document. The goal is to move entirely to a digital platform for better tracking and data visibility.

**Multi-Professional Approach:** The IV therapy passport is not limited to nurses and midwives but is also being extended to other healthcare professionals, including radiographers, ODPs, and the London Ambulance Service. This multi-professional approach aims to create a standardised training framework for all professionals administering IVs.

**Access for Social Care Providers:** Social care providers can access the IV therapy passport through e-learning for health. Registered nurses can use their professional registration to gain access, and organisations can link through their organisational data service. The training is freely available to those providing care in the social care sector.



**IV Administration Working Group:** Louise proposed the formation of a working group to explore the implementation of IV administration in social care settings. The group would include social care providers, NHS representatives, Care England, and other stakeholders to address the challenges and opportunities of implementing IV administration in social care.

**Working Group Volunteers:** Jacqueline Robinson-Rouse, Anne Middleton, Anna Lynch, Lauren Hague (can also speak to providers who may be interested), Briony Sloper, Pauline Fahy and Peter Webb.

**Stakeholder Involvement:** The working group aims to bring together various stakeholders, including frontline managers, to ensure that the implementation process is practical and viable. The group will focus on addressing workforce, financial, and governance issues related to IV administration in social care.

#### **Social Care Placements:**

**Challenges in Data Collection:** Vinice and Pam Hodge discussed the difficulties in collecting detailed data on social care placements. They mentioned that universities collect placement data primarily for administering payments and do not differentiate between primary, secondary, or social care placements, making it challenging to gather specific information.

**Current Placement Spread:** Despite the data collection challenges, it was noted that student nurses are placed in a variety of social care settings, including care homes, nursing homes, and residential homes. There is a spread of placements across London, although more detailed data is needed to understand the full scope.

**Ongoing Efforts:** Efforts are ongoing to support adult social care placements for student nurses. A working group within the Pan London Practice Learning Group has been set up to address these issues, and there are parallel efforts by the Council of Deans for Health to gather more granular data on social care placements.

**Population Health Management Data:** Nuno, Louise, and Vinice agreed to meet separately to discuss the available population health management data and identify relevant data for the Council's discussions.

**London Ambulance Service Data:** Nuno and Briony agreed to meet separately with other stakeholders to review the data on care home incidents from the London Ambulance Service and present relevant findings at the next meeting.

**Competencies in Adult Social Care:** Nuno provided an update on the development of nursing competencies for social care, mentioning the ongoing efforts to secure funding and finalise the work.

**Induction on Adult Social Care:** Louise shared updates on the development of an induction program for NHS staff on adult social care, emphasising the importance of understanding the value of social care nurses and their roles.

**University of Salford Event:** Louise announced the upcoming research events organised by the University of Salford, encouraging participation from social care professionals and student nurses.

**Care Show and Nursing Times Awards:** Louise and Sonia promoted the Care Show and the Nursing Times Awards, encouraging social care nurses to attend and submit their projects for recognition.

#### **Declarations of Interest**

Anna Lynch is an elected member of RCN London Board and an elected councillor in the London Borough of Hackney and sit on Inner Northeast Joint Oversight & Scrutiny Commission